



Rhode Island Ethics Commission

1999 YEARLY FINANCIAL STATEMENT

ALL QUESTIONS REFER TO CALENDAR YEAR JANUARY 1, 1999 THROUGH DECEMBER 31, 1999 UNLESS OTHERWISE SPECIFIED.

Please answer all questions and where your answer is "none" or "not applicable" so state. **ANSWERS SHOULD BE PRINTED OR TYPED**, and additional sheets may be used if more space is needed. For clarification of any question, read instruction sheet.

Note: The failure to file a Yearly Financial Statement by a state or municipal elected or appointed official is a violation of the law and may subject the official to penalties, including fines. If you received a 1999 Yearly Financial Statement in the mail but believe you were not a state or municipal elected or appointed official in 1999 or 2000 you should contact the Ethics Commission (See Instruction Sheet for contact information).

1. _____
 NAME OF OFFICIAL (LAST) (FIRST) (INITIAL)

2. _____
 HOME ADDRESS (STREET) (CITY/TOWN) (ZIP CODE)

MAILING ADDRESS (If different)

3. List Public Office(s) you hold and governmental unit:

 (PUBLIC OFFICE) (MUNICIPALITY, STATE OR REGIONAL)

 (PUBLIC OFFICE) (MUNICIPALITY, STATE OR REGIONAL)

I was elected in _____. I was appointed in _____.
 (year) (year)

If you no longer hold office, state the year of termination or resignation _____.

4. List elected office(s) for which you were/are a candidate in the calendar year 1999. (Read instruction #4)

5. List the following:

NAME OF SPOUSE

NAME(S) OF DEPENDENT CHILD OR CHILDREN

6. List the names of any employer from which you, your spouse, or dependent child received \$1,000 or more gross income during calendar year 1999. If self-employed, list any occupation from which \$1,000 or more gross income was received. If employed by a state or municipal agency, or if self-employed and services were rendered to a state or municipal agency for an amount of income in excess of \$250.00, list the date and nature of services rendered. If the public office or employment listed in #3, above, provides you with an amount of gross income in excess of \$250.00 it must be listed here. **(Do Not List Amounts.)**

NAME OF FAMILY
MEMBER EMPLOYED

NAME AND ADDRESS
OF EMPLOYER OR OCCUPATION

DATES AND NATURE
OF SERVICES RENDERED

7. List the address or legal description of any real estate, other than your principal residence, in which you, your spouse, or dependent child had a financial interest.

NAMES

NATURE OF INTEREST

ADDRESS OR DESCRIPTION

8. List name of any trust, name and address of the trustee of any trust, from which you, your spouse, or dependent child or children individually received \$1,000 or more gross income. List assets if known. **(Do Not List Amounts)**

NAME OF TRUST:_____

NAME OF TRUSTEE AND ADDRESS:_____

NAME OF FAMILY MEMBER RECEIVING TRUST INCOME:_____

ASSETS:_____

9. List the name and address of any business, profit or non-profit, in which you, your spouse, or dependent child held a position as a director, officer, partner, trustee, or a management position.

NAME OF FAMILY MEMBER

NAME AND ADDRESS OF BUSINESS

POSITION

10. List the name and address of any person, business entity, or other organization which had made total gifts or total contributions of \$100 or more in cash or property during calendar year 1999 to you, your spouse or dependent child. Certain gifts from relatives and certain campaign contributions are excluded. (See instruction #10)

NAME OF PERSON RECEIVING
GIFT OR CONTRIBUTION

NAME AND ADDRESS OF PERSON OR ENTITY
MAKING GIFT OR CONTRIBUTION

11. List the name and address of any business in which you, your spouse, or dependent child individually or collectively holds a 10% or greater ownership interest, or a \$5,000 or greater ownership or investment interest.

NAME OF FAMILY MEMBER

NAME AND ADDRESS OF BUSINESS

12. If any business listed in #11 did business in excess of a total of \$250 in calendar year 1999 with a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS
OF BUSINESS

NAME OF AGENCY

DATE AND NATURE
OF TRANSACTION

13. If any business listed in #11 was a business entity subject to direct regulation by a state or municipal agency, and you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS OF BUSINESS

NAME OF REGULATING AGENCY

14. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2000 and before the date you file this statement AND if said business was regulated by a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS OF BUSINESS

DESCRIPTION AND INTEREST (NOT AMOUNT)
AND DATE ACQUIRED AND/OR DIVESTED

NAME OF REGULATING INDUSTRY

HOW REGULATED

15. If you, your spouse, or dependent child acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2000 and before the date you file this statement, which did business in excess of \$250 with a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS
OF BUSINESS

DESCRIPTION OF INTEREST
DATE ACQUIRED AND/OR DIVESTED
(DO NOT INCLUDE AMOUNT)

NAME OF STATE
OR MUNICIPAL AGENCY

16. If you, your spouse or dependent child were indebted in an amount in excess of one thousand dollars (\$1,000.00) to any person, business entity or other organization other than (i) any person related to you, your spouse, or dependent child at any time within the third degree of consanguinity, or (ii) a financial institution regulated by any state or by the United States where such indebtedness is secured solely by a mortgage of record on real property used exclusively as your principal residence, or (iii) any indebtedness arising from transactions involving credit cards, please list the following:

NAME AND ADDRESS OF DEBTOR

NAME AND ADDRESS OF LENDER

I certify under penalty of perjury, that this Financial Statement is a complete and accurate response to the questions presented as to the financial information and interests during the year 1999 of myself, my spouse, and my dependent children. I acknowledge that I may request an advisory opinion from the Ethics Commission as to my conduct under the Code of Ethics. I understand that a copy of the Code of Ethics will be provided to me at no cost upon request by contacting the Ethics Commission.

SIGNATURE

State of Rhode Island
County of _____

Subscribed and sworn to before me at _____ this _____ day of _____ 200_.

My Commission Expires: _____

SIGNATURE OF NOTARY PUBLIC

THIS STATEMENT WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED.

Failure to timely file this statement constitutes a violation of the Rhode Island Code of Ethics Law, specifically RHODE ISLAND GENERAL LAWS, section 36-14-16. Any such violation may result in the assessment of a fine.